Dr. J. J. PUTNAM read a paper entitled

## THYROIDECTOMY IN THE TREATMENT OF GRAVES' DISEASE.

### DISCUSSION.

Dr. DERCUM had observed the case of a man with all the symptoms of Graves' disease but the enlarged thyroid. The latter appeared excessively atrophied.

Dr. WEBER had noted recovery in a patient having all of the characteristic symptoms, under the persistent use of iodide of potassium. The dose had gradually been increased to three drachms daily.

Dr. E. D. FISHER thought it would hardly seem probable that in Graves' disease the enlarged thyroid can be considered as acting in a mechanical way in producing the symptoms. He had seen many cases of goitre in Canada, in whom apparently no symptoms were produced. These persons continued in their regular occupation without discomfort.

Dr. PUTNAM, in closing, said that although it was no doubt common to see goitre without nervous or cardiac symptoms, yet these occurred oftener than was ordinarily supposed. He referred especially to the investigations of Schrantz upon these points, who had shown how frequently unsuspected cardiac derangement is present among goitrous adults and children.

Dr. C. L. DANA read a paper entitled

## ACROMEGALY, GIGANTISM AND FACIAL HEMIHYPERTROPHY.

### DISCUSSION.

Dr. DERCUM said that acromegaly is not associated with increase in the length of bones, but with increase in their width. He regarded Dr. Dana's case as one of gigantism with acromegaly superadded.

Dr. GRAY considered it a question whether acromegaly and gigantism were not identical. We were still in the dark as to the pathology of acromegaly. He thought the cases presented did not warrant Dr. Dana's conclusions.

Dr. COLLINS looked upon them as two separate diseases. In gigantism the changes are in the cellular structure of the diaphyses and epiphyses, principally the former. In acromegaly the changes are confined to the epiphyses. Probably the disease of the pituitary gland stands in proper relation to acromegaly. Much depends on the method of examination. He had destroyed the gland in animals to see if acromegaly developed, but all died. He thought giants may suffer from acromegaly, and regards it as a degenerative disease.

Dr. BRILL, of New York, asked what structures in the brain were usually involved.

Dr. COLLINS answered, the glandular structure of the pre-hypophysis.

Dr. DERCUM expressed the view that as the other ductless glands are so often enlarged in acromegaly, to select a single gland as being the sole cause seemed unwarranted.

Dr. PUTNAM said that Vassali and Sacchi have succeeded in destroying the hypophysis through the mouth, in a large number of dogs, without causing death. The animals suffered from prostration, thirst, and polyuria, but not, so far as known, from acromegaly. Disease of the hypophysis has not always been confirmed by autopsy, and it may be an associated feature of the process, not a true and invariable cause. Other organs, especially the thymus and thyroid, are often affected.

Dr. SACHS was of the opinion that both conditions are related. Gigantism is a form of physiological excess, while acromegaly is a distinct morbid condition. He did not attach much importance to the influence of the pituitary body, but thought our knowledge of the exact etiology and pathology is still in abeyance.

Dr. WEBER, of New York, had seen two cases. One patient had had symptoms of myxœdema. He was inclined to believe gigantism to be excessive physiological growth.

Dr. MILLS had found at autopsy a tumor destroying the pituitary gland, but there was no acromegaly.

Dr. DANA, in closing the discussion, said we do not know the functions of the pituitary gland in its relation to acromegaly, but it is certainly of some importance. He still believes in the clinical relationship between gigantism and acromegaly, but looked upon gigantism as an irregular type. He regarded gigantism as a pathological condition. The thyroid was not enlarged in his case, but the pituitary gland was.